

Case Number:	CM15-0179651		
Date Assigned:	09/21/2015	Date of Injury:	08/14/2002
Decision Date:	10/29/2015	UR Denial Date:	09/07/2015
Priority:	Standard	Application Received:	09/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old male, who sustained an industrial injury on 8-14-2002. The medical records indicate that the injured worker is undergoing treatment for lumbar disc displacement, failed lumbar back surgery syndrome, lumbar radiculitis, status post lumbar fusion, and chronic pain. According to the progress report dated 7-9-2015, the injured worker complains of low back pain with radiation down the left lower extremity, accompanied by frequent numbness and tingling in the bilateral lower extremities to the level of his feet. In addition, he notes frequent muscle spasms in the low back bilaterally. On a subjective pain scale, he rates his pain 7 out of 10 with or without medications. The physical examination of the lumbar spine reveals spasm in the bilateral paraspinous musculature, tenderness to palpation over the L4-S1 region, moderately limited range of motion due to pain, and positive straight leg raise test bilaterally. The current medications are Norco, Ibuprofen, Lidocaine, Tramadol, Cyclo-benzaprine, and Omeprazole. The records do not indicate when the Norco or Ibuprofen was originally prescribed. Treatment to date has included medication management, x-rays, MRI studies, electrodiagnostic testing, and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (9-7-2015) partially approved a request for Norco #72 (original request for #90). The request for Ibuprofen was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 7/9/15 progress report provided by the treating physician, this patient presents with frequent neck pain with headaches, radiating to the bilateral upper extremities with numbness to the level of hands/fingers, and low back pain with spasms, radiating down the left lower extremity with tingling/numbness to level of feet, rated 7/10 on VAS scale. The treater has asked for NORCO 5/325MG #90 on 7/9/15. The request for authorization was not included in provided reports. The patient is s/p L5-S1 lumbar fusion of unspecified date per 6/11/15 report. The patient has frequent, medication-related gastrointestinal upset, and frequent nausea per 7/9/15 report. The patient's condition has worsened over the past 3 months per 6/11/15 report. The patient's work status is temporarily totally disabled and off work for the last 3 months per 7/9/15 report. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Utilization review letter dated 9/7/15 denies request as Norco has previously been trialed and failed. It is not known when patient initiated Norco, but it is included in current medications per reports dated 6/11/15 and 7/9/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. The 7/9/15 report mentions a CURES report with no inconsistencies; however, there is no UDS, and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 7/9/15 progress report provided by the treating physician, this patient presents with frequent neck pain with headaches, radiating to the bilateral upper extremities with numbness to the level of hands/fingers, and low back pain with spasms, radiating down the left lower extremity with tingling/numbness to level of feet, rated 7/10 on VAS scale. The treater has asked for IBUPROFEN 800MG #90 on 7/9/15. The request for authorization was not included in provided reports. The patient is s/p L5-S1 lumbar fusion of unspecified date per 6/11/15 report. The patient has frequent, medication-related gastrointestinal upset, and frequent nausea per 7/9/15 report. The patient's condition has worsened over the past 3 months per 6/11/15 report. The patient's work status is temporarily totally disabled and off work for the last 3 months per 7/9/15 report. MTUS, Anti-inflammatory medications Section, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The treater does not discuss this request in the reports provided. Utilization review letter dated 9/7/15 denies request due to GI side effects and lack of documentation of pain relief. Per requesting 7/9/15 report, the patient's current medication regimen which includes Ibuprofen is "helpful" and "his quality of life has been improved as a result of treatment." The patient has been prescribed Ibuprofen since at least 6/11/15. Given the conservative nature of this medication, continued usage of Ibuprofen appears reasonable and within MTUS guidelines. Therefore, the request IS medically necessary.